

Form CAFC721 – Notice of Hearing

Notice must be sent to every party in this case

In what Missouri county is this case pending?

In the Circuit Court of MISSOURI
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What is the case number in the pending case?

Case Number	Division Number
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Parties

1. Petitioner or Plaintiff is: _____ <i>(Full Name of Petitioner/Plaintiff)</i>
2. Respondent or Defendant is: _____ <i>(Full Name of Respondent/Defendant)</i>

Information about the Hearing

(What, When, Where)

3. Type of matter to be heard: _____
4. Date and Time of Hearing: _____ at _____ a.m./p.m. <i>(Date of Hearing) (Time of Hearing)</i>
The hearing will be held promptly at the Courthouse in the above County and Division.

Party Giving Notice

▶ _____ SIGN HERE	_____	_____	_____
_____	PRINT YOUR NAME HERE	BAR NUMBER	
<i>(Street)</i>			
_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	
_____	_____	_____	
<i>(Telephone Number)</i>	<i>(Fax Number)</i>	<i>(Email Address)</i>	

Proof of Service

I certify under oath that I have given _____ a copy of this Notice of Hearing pursuant to Missouri Supreme Court Rule 43.01(d) by: <i>(You MUST check at least ONE of the following four boxes)</i>	
<input type="checkbox"/>	Mailing a copy to the other party or his or her attorney on _____ <i>(Date)</i> at the following address: _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i>
<input type="checkbox"/>	Handing a copy to the other party or his or her attorney on _____ <i>(Date)</i> .
<input type="checkbox"/>	Sending a copy to the other party or his or her attorney by fax to _____ <i>(fax number)</i> on _____ <i>(Date)</i> at _____ <i>(Time)</i> .
<input type="checkbox"/>	Sending a copy via electronic mail to the other party or his or her attorney at _____ <i>(Email Address)</i> on _____ <i>(Date)</i> .
Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Notice of Hearing are true according to his or her best knowledge and belief.	
▶ _____	_____
Affiant – SIGN HERE	Affiant – PRINT YOUR NAME HERE
Subscribed and sworn to on _____.	
_____	My Commission Expires: _____
Notary Public	